

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09781584

FILING DATE
02/09/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62	1					
13							63		1				
14							64			1			
15							65	1					
16							66		1				
17							67	1					
18							68			1			
19							69	1					
20							70			1			
21							71				1		
22							72					1	
23							73						1
24							74	1					
25							75			1			
26							76	1					
27							77			1			
28							78				1		
29							79					1	
30							80						1
31							81						1
32							82	1					
33							83			1			
34							84	1					
35							85				1		
36							86					1	
37							87						1
38							88	1					
39							89				1		
40							90					1	
41							91	1					
42							92				1		
43							93					1	
44							94						1
45							95						1
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	10					
TOTAL DEP.							TOTAL DEP.	24					
TOTAL CLAIMS							TOTAL CLAIMS	34					